UNITED STATE BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN

In re: Bork-West, LLC

Case No. 13-52006-MBM

Chapter 7

AFFIDAVIT OF CLAIMANT

I, Matthew L Weisenburger, do hereby state that I am the claimant to the unclaimed funds released in this application and that I am, to the best of my knowledge, the legal owner of these funds.

Mailing address: 300 Madison Avenue
Suite 1100
Toledo, Ohio 43604

Phone number: (419) 321-6444

Social security number **XXX-XX-**

If claimant is a corporation, the federal tax ID number 26-1786387

1. Claimant History: Substantiate claimant's right to the claim; i.e. if the payment is to an individual, include a copy of driver's license or state identification card. If a corporation, include purchase agreements regarding the right to ownership. Attached are certified copies of all necessary documentation.

2. I (or the company which I represent) neither have previously received remittance for this claim nor contracted with any other party other than the person

Affidavit of Claimant

I declare under penalty of perjury that the foregoing copy is true and correct.

Dated: 11-19-2015

Signature of Claimant

Sworn to and Subscribed before me this
19th day of November 20 15

NOTARY PUBLIC AT LARGE
STATE OF Ohio

NOTARY PUBLIC STATE OF OHIO
VIRGINIA LEE ROCK
Notary Public, State of Ohio
My Commission Expires 10-5-2016

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN

In re: Bork-West, LLC

Case No. 13-52006-MBM

Chapter 7

APPLICATION FOR PAYMENT FROM UNCLAIMED FUNDS

The undersigned, Matthew L. Weisenburger, applies to the Bankruptcy Court for the Eastern District of Michigan for entry of an order directing the Clerk of the Court to remit to the applicant the sum of $ 6,595.58, said funds having been deposited into the Treasury of the United States pursuant to an order of the Court as unclaimed funds for creditor K&M Wolverine, LLC
The applicant further states that:

1. (Indicate one of the following)

_____ Applicant is the creditor named in the above case and states that no other application for this claim has been submitted by or at the request of the creditor

X Applicant is the duly authorized representative for the business or corporation named as the creditor. Applicant has reviewed all records of the creditor and states that no other application for this claim has been submitted by or at the request of this creditor. An Affidavit of Creditor is attached and made part of this application.

_____ Applicant is either a family member of the deceased creditor or a successor in interest to the individual or business named as the creditor. An original "power of attorney" conforming to the official Bankruptcy Form and/or other supporting documents which indicated the applicants' entitlement to this claim is attached and made part of this application.

2. Applicant has made sufficient inquiry and has no knowledge that this claim has been previously paid, that any other application for this claim is currently

pending before this court, or that any party other than the applicant is entitled to submit an application for this claim.

Application for Payment from Unclaimed Funds

Respectfully submitted this 19 day of Nov. 20 15

K&M Wolverine, LLC
Name of creditor

/s/ Matthew L. Weisenburger
Signature of Applicant

Matthew L. Weisenburger, Attorney for Creditor
Name and Title of Applicant

Cline, Cook & Weisenburger Co., L.P.A.
Company Name

300 Madison Avenue, Suite 1100
Street Address

Toledo, Ohio 43604
City and State

(419) 321-6444
Telephone number

26-1786387
Tax

XXX-XX-
Social Security Number

7
Claim Number

B 10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT Eastern District Of Michigan		PROOF OF CLAIM
Name of Debtor: Bork-West, LLC	Case Number: 13-52006	COURT USE ONLY
NOTE: *Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.*		
Name of Creditor (the person or other entity to whom the debtor owes money or property): K&M Wolverine, LLC		
Name and address where notices should be sent: 300 Madison Avenue, Suite 1100 Toledo, OH 43604-2605 Telephone number: (419) 321-6444 email: mweisenburger@ccw-law.com		☐ Check this box if this claim amends a previously filed claim. Court Claim Number:____ (*If known*) Filed on:____
Name and address where payment should be sent (if different from above): Telephone number: email:		☐ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.

1. Amount of Claim as of Date Case Filed: $28,666.00

If all or part of the claim is secured, complete item 4.

If all or part of the claim is entitled to priority, complete item 5.

☐ Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.

2. Basis for Claim: money due and owing
(See instruction #2)

3. Last four digits of any number by which creditor identifies debtor:	3a. Debtor may have scheduled account as: (See instruction #3a)	3b. Uniform Claim Identifier (optional): (See instruction #3b)

4. Secured Claim (See instruction #4)
Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.

Nature of property or right of setoff: ☐Real Estate ☐Motor Vehicle ☐Other
Describe:

Value of Property: $____

Annual Interest Rate___% ☐Fixed or ☐Variable
(when case was filed)

Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: $____

Basis for perfection: ____

Amount of Secured Claim: $____

Amount Unsecured: $____

5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.

☐ Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).

☐ Wages, salaries, or commissions (up to $12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).

☐ Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).

☐ Up to $2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).

☐ Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).

☐ Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(__).

Amount entitled to priority: $____

**Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.*

6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)

7. **Documents:** Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. *(See instruction #7, and the definition of "redacted".)*

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain: X

8. **Signature:** (See instruction #8)

Check the appropriate box.

☐ I am the creditor. ☒ I am the creditor's authorized agent. ☐ I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.) ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: /s/ Matthew L. Weisenburger
Title: Attorney for K&M Wolverine, LLC
Company:
Address and telephone number (if different from notice address above):

Telephone number: email:

s/Matthew L. Weisenburger September 30, 2013
(Signature) (Date)

Penalty for presenting fraudulent claim: Fine of up to $500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:
Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:
Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:
State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:
State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:
State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:
Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:
If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:
Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).
If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:
An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:
Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:
The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN

In re: Bork-West, LLC

Case No. 13-52006-MBM

Chapter 7

ORDER FOR PAYMENT OF UNCLAIMED FUNDS

Upon application and in accordance with the provisions of 28 U.S.C. Section 2042, that following a review of the sufficiency of the Affidavit of Claimant information that the claimant is properly entitled to said funds, and that the U.S. Attorney for the Eastern District of Michigan was provided a copy of this application with a proof of service attached to the application,

IT IS ORDERED that the Clerk of the U.S. Bankruptcy Court remit to

K&M Wolverine, LLC, the sum of

6,595.58 dollars ($), of unclaimed

funds held in the U.S. Treasury.

____
United States Bankruptcy Judge

Dated: ____________________

Katherine B. Gullo, Clerk
U.S. Bankruptcy Court

By: ____________________
Deputy Clerk

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN

In re: Bork-West, LLC

Case No. 13-52006-MBM

Chapter

PROOF OF SERVICE

I, the undersigned, hereby certify that on the 19th day of November 2015, a copy of the Application for Payment From Unclaimed Funds by K&M Wolverine, LLC was served on the United States Attorney for the Eastern District of Michigan at the following address:

U.S. Attorney for the Eastern District of Michigan
Attn.: Civil Division-Financial Litigation
211 West Fort Street, Suite 2001
Detroit, MI 48226-3211

Dated: 11/19/2015

By: /s/ Matthew L. Weisenburger

AO 213
(Rev. 06/12)

ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS
Accounting and Financial Systems Division

☐ Ex-AO Employee
☐ SAM Vendor *(Formerly CCR)*
(No TIN Certification Required)

Sensitive Information
VENDOR INFORMATION/TIN CERTIFICATION

Vendor Address — Select all that apply ☐ Order ☐ Remit ☐ 1099	Other Address *(If different from Vendor Address)* — Select all that apply ☐ Order ☐ Remit ☐ 1099
Name: K&M Wolverine, Inc.	Address:
Business Name: *(if different from above)*	City:
Address 1: 345 S. Briarfield Blvd.	State: Zip Code:
Address 2: Suite B	Telephone #:
City: Maumee	Description: *(If needed)*
State: Ohio Zip Code: 43537	
Taxpayer Identification #: *(TIN, SS, or EIN number)* 26-1786387	
DUNS #	

Financial Information *(If Requested)*	
Bank Name:	Routing # *(this nine digit number appears on your checks, but do not include individual check numbers):*
City:	Account #:
State: Zip Code:	Type of Account: *(select one)* ☐ Checking ☐ Savings

Type of Organization for 1099 reporting:

- ☐ sole proprietorship;
- ☒ corporate entity *(not tax-exempt)*;
- ☐ health care provider;
- ☐ government entity *(write in either federal, state or local)*
- ☐ partnership;
- ☐ corporate entity *(tax-exempt)*;
- ☐ other: ____________

Taxpayer Identification Number Certification

Under penalties of perjury, I certify that:

1. The Taxpayer Identification Number listed in the Vendor Address area above is the correct number assigned to me, and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to the backup withholding, and
3. I am a U.S. citizen or other U.S. person *(defined below)*.

☐ You must select this check box if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. If you make a false statement with no reasonable basis that results in no backup withholdings, you are subject to a $500 penalty. Willfully falsifying certifications or affirmations on this form may subject you to criminal penalties including fines and/or imprisonment.

Definitions:

"Taxpayer Identification *(TIN, SS, or EIN number)*" is the number required by the Internal Revenue Service (IRS) to be used in reporting income tax and other returns. The TIN may be either a social security number (SSN) or an employer identification number (EIN).

"U.S. person" means:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States.

The TIN, as well as the information above is required in order to comply with debt collection requirements of 31 U.S.C. §§ 7701(c) and 3325(d), reporting requirements of 26 U.S.C. §§ 6041 and 6041A, and implementing regulations issued by the IRS. Failure or refusal to furnish this information may result in 28 percent backup withholding on any payments otherwise due under any awarded contract or purchase order.

The TIN may be used by the government to collect and report on any delinquent amounts arising out of the vendor's relationship with the government (31 U.S.C. § 7701(c)(3)). The TIN provided may be matched with IRS records to verify its accuracy.

Complete this section only if a TIN was not provided on page one, and select closest reason why not:

☐ The vendor is a nonresident alien, foreign corporation or foreign partnership that does not have income effectively connected with the conduct of a trade or business in the United States and does not have an office or place of business or a fiscal paying agent in the United States;

☐ The vendor is an agency or instrumentality of a foreign government;

Additional information required for vendors used for procurement (purchase orders, contracts, etc.)

Indicate which, if any, of the following categories are applicable. These categories require that the vendor is 51% owned and the management and daily operations are controlled by one or more members of the selected socio-economic group:

☐ Women Owned Business ☒ Not Applicable

☐ Minority Owned Business *(If yes, select one of the owner's race/ethnicity selections from below):*

☐ Asian-Pacific American ☐ Black American ☐ Subcontinent Asian (Asian-Indian)American

☐ Hispanic American ☐ Native American ☐ Other: ____________

Date: 11-17-2015 ____[signature]____
Vendor's signature

For Agency Use Only
The vendor name and DUNS number is all that is required for registered System for Award Management (SAM) vendors (formerly CCR). (Check www.sam.gov for registration status.) Do not use this form for purchase card merchants.

Mark Boxes that apply: ☐ Addition ☐ Change ☐ Vendor Code: ____________ *(make entry only if change)*
☐ Active ☐ Inactive ☐ Vendor Type: ____________

The following information is optional for individuals whose name and telephone are already on the form:

Contact Name: ____________

Telephone Number: ____________ Email: ____________

Identification of person making this request:

Name: ____________

Telephone Number: ____________ Originating Office: ____________

Please type or print clearly. For "AO" FAS4T Users only, e-mail the completed form to: AOJb OFB Client Service Desk/DCA/AO/USCOURTS. For questions regarding AOFAS4T the Client Service Desk can be contacted at (202) 502-2242.
For "Court" FAS4T Users, send this form to the local Vendor Administrator. For questions regarding Court FAS4T please contact SDSD at (210) 301-6320.

This form should be completed with signature by the vendor and submitted by Judiciary staff only.
Sensitive information must be securely maintained and only visible to the appropriately designated financial employee.

POWER OF ATTORNEY

LLC Limited Liability Company

K & M Wolverine, ~~Inc.~~, an Ohio ~~Corporation,~~ by and through its president, Michael Hojnacki, hereby appoints Matthew L. Weisenburger, Esquire, its Attorney-in-Fact, to execute any documents on behalf of the corporation required to process a claim for unclaimed funds with the United States Bankruptcy Court for the Eastern District of Michigan. The Attorney-in-Fact is also authorized to receive payment of any and all funds, from any source, associated with said claim for unclaimed funds.

Giving unto my attorney full power, authority and discretion to do all things required or permitted to be done in carrying out the purposes for which this power is granted as fully as I could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming that which my attorney, or his or her substitute, shall lawfully do or cause to be done by virtue hereof. Persons, corporations or partnerships dealing with my attorney need not inquire into the authority of my attorney.

A photostatic copy of this General Durable Power of Attorney, as executed, given by me or by my attorney to any third-party shall be conclusive to such third-party as to the authority of my attorney to act for me as provided herein, unless and until such third-party shall have received written notice from me or my attorney of the revocation or limitation of this General Durable Power of Attorney.

IN WITNESS WHEREOF, I have signed this General Durable Power of Attorney on the 17th of November, 2015.

Michael Hojnacki, President

STATE OF OHIO :
: SS.
COUNTY OF LUCAS :

BE IT REMEMBERED, that on the 17th day of November, 2015, before me, the subscriber, a notary public in and for said county and state, personally came John Hojnacki who acknowledged the signing and execution of the foregoing instrument to be his free and voluntary act and deed.

IN TESTIMONY WHEREOF, I have hereunto subscribed and affixed my notarial seal on the day and year last aforesaid.

Notary Public

STEVEN B. WINTERS
Notary Public, State of Ohio
My commission has no expiration date
Section 147.03 O.R.C.